



FERPA Release Form

Office of the Bursar
Box 20419 Savannah, Georgia 31404
Phone: 912-358-4044 Fax: 912-358-3670

Name of Student (Last, First, Middle Initial)	Student ID:	Date of Birth:
---	-------------	----------------

It is the policy of Savannah State University, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to the disclosure or FERPA allows disclosure. Directory information, such as grades, class schedules, the student account inquires, and financial aid awards may not be released without written consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, _____, authorize the Office of the Bursar at Savannah State University to release my student account information upon request to the person(s) listed below:

Persons to whom information may be released (please print clearly):

Name Address Relationship

Name Address Relationship

Name Address Relationship

Please provide a password to obtain information via the phone: _____ for security purposes. The password should not contain more than (10) letters. You must provide the password to the individuals or third parties listed above. The University will not release information to the caller if the caller does not have the password. A new form must be completed to change your password.

I understand that this release will remain in effect unless I revoke such consent in writing to the Office of the Bursar.

Signature: _____ Date: _____